

THE TRUTH ABOUT HORMONES & YOUR HEART

According to the latest research, hormone replacement therapy offers no protection against cardiovascular disease and can actually cause it.

by Sherrill Sellman © 2001

GetWell International
PO Box 690416
Tulsa, OK 74169-0416
USA

Email: golight@earthlink.net
Website: www.ssellman.com

WHY HRT CAUSES CARDIOVASCULAR DISEASE

"Steer clear of prescribing hormone replacement therapy (HRT) for the sole purpose of preventing heart attack and stroke in women who already have cardiovascular disease."¹

This warning, which was sent out by the American Heart Association, reversed its previous guidelines recommending hormone replacement therapy for heart disease. In effect, the AHA withdrew its approval of HRT as a treatment for women at risk of heart disease.

This was after a recent study published in the journal *Circulation* in July 2001, which further validated a growing body of evidence showing that women who have had heart disease, bypass surgery or angioplasty should not start hormone therapy for the purpose of cardiac protection because HRT can actually cause heart attacks and strokes.²

Once again, medical science has blundered. When it comes to hormones and women's health, there is a long history of inappropriate, dangerous and life-threatening treatments. Half-baked theories and untested hypotheses have jeopardised the health of millions of women. The use of HRT for preventing heart disease was never substantiated by fact. In a reckless desire to extend the reach of the billion-dollar hormone industry, the pharmaceutical companies and the medical profession have in fact contributed to the spiralling incidence of cardiovascular disease in women.

Heart disease and stroke are known as cardiovascular diseases. Stroke, like heart disease, is a vascular disease, a disease of the blood vessels. In both cases, the blood vessels become narrow either through spasm or through atherosclerosis, a narrowing of the arteries that feed the heart, therefore not enough blood gets to a critical place. In the case of heart disease, it is the heart; with strokes, it is the brain. Cardiovascular disease also encompasses high blood pressure and coronary artery disease.

The hormones which comprise HRT—oestrogen and synthetic progesterone—have always carried warnings that they increase the incidence of blood clots, strokes and high blood pressure. In total disregard of that knowledge, the hormone industry enthusiastically embraced HRT for the heart.

THE OESTROGEN DEFICIENCY MYTH

In the face of the side-effects which have been known for over 40 years, why was HRT enthusiastically embraced by the medical community to become a universally recommended treatment for heart disease?

To answer that question, it is first crucial to understand that women's physiology has been grossly misunderstood by medical science. Myths and misinformation about the hormonal nature of women have fuelled a multibillion-dollar industry. Women's natural life changes have been medicalised and pathologised for profit. The two key ingredients of hormone replacement therapy—oestrogen and progestin—have been listed by the US Government as known cancer-causing drugs.³

The argument is made that deaths due to heart disease in women are uncommon prior to menopause, but after menopause they sharply increase. A declining level of oestrogen (known as oestrogen deficiency) in the menopausal woman has been blamed for this increase. It was therefore recommended that menopausal women should be

placed on HRT as a preventive treatment. Menopause itself has been perceived as a dangerous risk factor for the increasing incidence of heart disease. But is this really true?

"Absolutely not!" says Professor Hugh Tunstall-Pedoe, a renowned Scottish cardiovascular epidemiologist. According to him, it is a myth that menopause is bad for women's hearts. "It is unarguable that risk of myocardial infarction [heart attack] and coronary death is lower in women than in men in middle ages. However, there is a myth that risk in women is held low only until menopause, around age 50 years, when it rebounds, equalling and later surpassing that in men."⁴ The myth implies that coronary deaths in women should accelerate more rapidly after the age of fifty. However, Professor Tunstall-Pedoe's analysis shows women's death rates do not surge after menopause and in fact never catch up to those of men. The reason the numbers of elderly women dying from CHD are greater than elderly men is simply due to women living longer.

The corollary to the menopause/heart disease myth is the belief that oestrogen becomes deficient at menopause. In fact, it is often erroneously stated that the ovaries fail at menopause, resulting in a significant depletion of oestrogen. This oestrogen loss was then attributed to a higher incidence of post-menopausal heart disease. Women have also been misled to believe that menopausal symptoms and potentially debilitating conditions are the result of declining oestrogen levels. There is a growing body of evidence that disputes the idea that oestrogen deficiency is a common occurrence for menopausal women.⁵

As it turns out, oestrogen deficiency rarely occurs in Western women. Quite the opposite is occurring. The real problem for the majority of perimenopausal and menopausal women in Western countries is an excess of oestrogen and a deficiency of natural progesterone. In fact, the World Health Organization has found that an overweight post-menopausal woman has more oestrogen circulating through her body than a thin premenopausal woman.

Oestrogen levels decline at menopause, but not to zero. They usually fall only to 40–60% of pre-menopausal levels.⁶ As a backup system, the fat cells and the adrenal glands also make oestrogen, assuring that most menopausal women make more than enough oestrogen. Mother Nature never intended for menopausal women to become totally depleted in oestrogen. Lower levels of oestrogen at menopause are in fact a natural adjustment to that stage of life. It does not mean a pathology of "oestrogen deficiency" requiring HRT. Prescribing additional oestrogen to women who already have normal or above-average levels can be devastating, since higher nonphysiologic levels of oestrogen have serious side-effects.

What gives weight to the oestrogen deficiency myth is the manner in which hormones are tested. While the gold standard in traditional medicine is blood serum testing, it is now acknowledged by major studies that blood testing only measures

1–9% of biologically active hormones.⁷ This means that the vast majority of hormones in the tissues are not measured, resulting in a misdiagnosis of oestrogen deficiency when a majority of women actually have normal or excess levels of oestrogen.

According to the World Health Organization and recent research, the only valid way to test hormone levels is with saliva testing—an inexpensive test that can be prescribed by a doctor and done at home. Unfortunately, the majority of traditional medical doctors are not aware of the validity and efficacy of saliva testing. Thus, relying on blood serum testing to assess hormone levels will usually lead to flawed test results and mistreatment with inappropriate hormones.

OESTROGEN'S MANY HARMFUL EFFECTS ON THE CARDIOVASCULAR SYSTEM

In the pursuit of establishing a definite beneficial link between HRT and the heart, Wyeth-Ayerst, the pharmaceutical company manufacturing Premarin, funded the Heart and Estrogen-Progestin Study (HERS), which was to investigate Premarin's effect on women with pre-existing coronary artery disease.

The findings from this study sent shockwaves throughout the medical community worldwide. In the study, the women taking hormones increased their risk of myocardial infarction by about 50% in the first year! In addition, there was a threefold increase of blood clots in the legs and lungs and a significant increase in gall bladder disease.⁸

Dr John Blakely, a Canadian academic who has recently had an article on HRT published in the US journal *Archives of Internal Medicine*, has reviewed the HERS findings and concludes that the widespread use of HRT "risks substantial harm to a substantial number".⁹

It is unfathomable that with the overwhelming evidence of the HRT-cardiovascular disease link, many doctors continue to hold firm to these outmoded theories and dan-

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gerous drug treatments.

When asked about the new evidence that HRT may actually cause heart attacks for some women when they first start taking the drug, Australian menopause specialist Professor Henry Burger said: "I don't know how many women we've killed by prescribing HRT to older women with heart disease... I wouldn't imagine very many." Professor Burger believes that there is still enough evidence to recommend HRT to women at risk of heart disease.¹⁰

Oestrogen also causes major deficiencies of key nutrients that are essential for maintaining a healthy cardiovascular system. Vitamin C is one of those nutrients that oestrogen depletes. Nobel Prize winner Dr Linus Pauling and his protégé Dr Mathias Rath popularised the scientific truth that heart disease was primarily only a fulminating deficiency of vitamin C and the amino acids lysine and proline which help form the collagen fibres that knit the artery walls together.

"Animals don't get heart attacks because they produce vitamin C in their bodies, which protects their blood vessel walls. In humans unable to produce vitamin C, dietary vitamin deficiency weakens these walls. Cardiovascular disease is an early form of scurvy. Clinical studies document that optimum daily intake of vitamins and other essential nutrients halts and reverses coronary heart disease naturally."¹¹

However, vitamin C is not the only important heart nutrient that oestrogen depletes. It depletes the body of vitamin E, the vitamin B family, folic acid, magnesium, selenium, zinc and tyrosine.

While there have been many studies conducted showing the critical role of vitamin E for preventing heart disease, one of the most impressive showed that vitamin E lowered cardiovascular risk by one-third, documented in 87,000 participants over six years.¹²

The family of B vitamins is also cardioprotective. B3 (nicotinic acid) and B5 (pantothenate) are essential. Also, a well-established marker for cardiovascular risk is high homocysteine levels, which cause damage to arterial walls. Homocysteine is an essential amino acid. However, about 100 studies have concluded that excess homocysteine is a major risk factor (more so than high cholesterol) in causing heart attacks. Folic acid, B6 and B12 have been shown to convert homocysteine into harmless substances and prevent buildup. Depletion of these B vitamins is a recipe for disaster.

Magnesium, selenium and zinc are crucial minerals for maintaining healthy heart muscle.

In the book *Health Wars*, best-selling author and journalist Phillip Day comments: "So chronic vitamin deficiencies produce a breakdown of collagen in the arterial walls, leading to increased artery wall tension, narrowing of the artery diameter, thickening of artery walls and therefore high blood pressure. The result is heart attack, strokes (impairment of arterial flow to the brain), high blood pressure, irregular heartbeat (arrhythmia) and heart failure."¹³

In addition, oestrogen increases vitamin K levels, which can lead to blood clot formations. Oestrogen also causes high copper levels, fuelling the inflammatory process of heart disease. Evidence also suggests that this can trigger a more destructive form of LDL (bad cholesterol), causing increased clotting, plaque deposits, blood vessel constriction and damage to the inner vascular lining.

Another important marker for heart disease is a high level of C-reactive protein, which indicates inflammation. Since oestrogen has a known pro-inflammatory effect, it will increase inflammation in the body, producing conditions such as allergies, arthritis, asthma, pancreatitis and phlebitis as well as heart disease.

Oestrogen excess can impair various physiologic functions. It interferes with the uptake of thyroid hormones, thus contributing to hypothyroidism. One side-effect of a sluggish thyroid is high cholesterol levels. People with hypothyroidism are also at increased risk of heart disease. Oestrogen is also toxic to the liver, which will raise bad cholesterol levels. Women using oestrogen are at great risk of developing diabetes, a disease that carries with it a high risk of heart disease.

NATURAL PROGESTERONE AND HEART HEALTH

Synthetic progestins (such as Provera) are another culprit in the HRT–heart disease connection. They also increase the incidence of strokes and blood clots.

Research has also been conducted on the connection between

Provera and vasospasms—a tightening of the blood vessels which causes complete blockage of the artery, resulting in death. At London's National Heart and Lung Institute, Dr Peter Collins conducted a study which found that women taking Provera had unrelenting physiologic effects on their vascular system. This could explain why autopsies of post-menopausal women who died of heart attacks only showed a 30–50% blockage.¹⁴

The increased risk of cardiovascular disease now associated with menopause may not be due to relative-

ly minor cholesterol plaque or to hormone changes *per se*, but to the increased risk of coronary vasospasm caused by synthetic progestins, such as Provera, used in HRT.

Natural progesterone, which is the bioidentical hormone made by the body, plays a significant role in protecting women from cardiovascular disease. While the synthetic progestins can cause unrelenting vasospasms, natural progesterone has the totally opposite effect.

Dr Jerilynn C. Prior, Professor of Endocrinopathy at the

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University of British Columbia, conducted a study in which she found that natural progesterone was protective to blood vessels by restoring normal vascular tone. Previous findings have found increased risk of heart disease in perimenopausal women who have high or normal oestradiol but low progesterone levels. Dr Prior's study concluded that "progesterone may play a role in protection from cardiovascular disease in premenopausal women".¹⁵

Progesterone is also beneficial to the heart in many other ways. It supports healthy thyroid function, increases the burning of fats for energy, has anti-inflammatory effects, normalises blood clotting, improves lipid profiles, balances blood sugar levels, improves sleeping patterns and moods, supports the production of stress hormones, and normalises zinc/copper levels. All of these actions are cardioprotective.

LIFTING THE VEIL OF IGNORANCE & ARROGANCE

While it is undeniable that heart disease is a major cause of death among women, evidence clearly reveals that neither menopause nor oestrogen deficiency can be assigned the role of villain.

It is alarming to realise that HRT not only contributes to heart disease but actually can *cause* it. Switching from HRT to cholesterol-lowering drugs is by no means the answer, since they too can increase the risk of heart disease by compromising liver function and depleting other important heart nutrients like coenzyme Q10.

Only by incorporating a healthy diet, proper nutritional and herbal support, natural progesterone, exercise and stress-

reduction strategies can women successfully and naturally protect their cardiovascular system.

The greatest challenge for women is finding valid, trustworthy sources of information that will enable them to make truly informed decisions about their health.

For many women, doctors have been the primary source of their education and guidance. However, it is becoming more and more evident that doctors are heavily biased in the options they offer. After all, it is an acknowledged fact that doctors receive their information courtesy of the drug company marketing departments which are totally focused on the bottom line.

In addition, the specialists who train doctors as well as lecture to the public often have financial ties to the pharmaceutical companies through research grants, travel arrangements and paid consultancies.

The hidden agendas created by vested interests are great deterrents to openmindedness about effective, safe alternatives.

When all is said and done, the use of hormone replacement therapy for the prevention and treatment of cardiovascular disease has always been an experiment, and the millions of women using it long-term have been the unknowing guinea pigs.

Once again, pharmaceutical giants have placed profit before sound science and have knowingly put women's health at great risk.

The time has now come for women to awaken from the spell of false promises from seductive advertising campaigns and heed the latest warnings: "Steer clear of HRT for the heart."

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Endnotes

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About the Author:

Sherrill Sellman is a psychotherapist, lecturer, women's health advocate and author of the best-selling book *Hormone Heresy: What Women MUST Know About Their Hormones*, now available in a revised and updated 4th edition (see review this issue). She is a contributing writer to many international magazines on women's health issues, and has written a number of feature articles for NEXUS (see particularly "Hormone Replacement: A Cause of Cardiovascular Disease" in 6/02). Her free monthly HormoneWise e-Digest is available via her website, www.ssellman.com.

Sherrill can be contacted by e-mail at golight@earthlink.net. To order her book and other educational products, telephone +1 (918) 437 0731, 1-877 215 1721 (toll free in North America), fax +1 (918) 437 0781, or visit her website.